

**DISB**Government of the District of Columbia
Department of Insurance, Securities and Banking**2022
RX GUIDE**

RHEUMATOID ARTHRITIS

If you or a family member covered under your health plan have rheumatoid arthritis, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of several commonly prescribed drugs used to treat arthritis. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug cost-sharing.

Reference the chart on the next page alongside the Summary of Benefits and Coverage (SBC) for your potential plan to get an idea of your out-of-pocket prescription cost. Once you have identified the cost-sharing tier for each drug, use the corresponding SBC for each plan on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.

Government of the District of Columbia
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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

2022 Rheumatoid Arthritis Rx Review Guide

Covered Rheumatoid Arthritis Drugs		District of Columbia Insurance Companies							
		Aetna		CareFirst		Kaiser		United Healthcare	
Name (Generic)	Name (Brand)	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand
		Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance ¹	Restrictions	Copay/ Coinsurance ²
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)									
Auranofin	Ridaura	NA/NC	NA / NC	NA/NA	NA/NA	NA/NR	NA / \$25-110	NA/NR	NA/NC
Azathioprine	Imuran	NR/NC	\$12-\$15/NC	NR/NC	\$10/ NC	NR/NR	\$5-45/\$25-110	NR/NC	\$0-10/NC
Cyclosporine	Sandimmune	NR/NC	Medical	NR/NR	\$0-25 / 20% after ded*	NR/NR	\$5-45/\$15-\$110	NR/NC	\$0-10/NC
	Neoral	NR/NC	\$12-\$15 / NC	NR/NC	\$0-25 / 20% after ded*	NR/NR	\$5-45/\$25-110	NR/NC	\$0-10/NC
Hydroxychloroquine	Plaquenil	NR/NC	\$12-\$15 / NC	NR/NC	\$0-25 / 20% after ded*	NR/NR	\$5-45/\$25-110	NR/NR	\$0-10/\$0-125
Methotrexate	Rheumatrex	NR/NR	\$12-15 / NC	NR/NC	\$0 / NC	NR/NA	\$5-45/NA	NR/NC	\$0-10/NC
	Trexall	NR/NR	\$12-15/NC	NR/NC	\$0 / NC	NR/NR	\$5-45/\$25-110	NA/NR	NA/\$0-50
Sulfasalazine	Azulfidine	NR/NC	\$12-15 / NC	NR/NC	\$0-25 / 20%after ded*	NR/NR	\$5-45/\$25-110	NR/NR	\$0-10/\$0-125
BIOLOGIC RESPONSE MODIFIERS (A TYPE OF DMARD)									
Tumor Necrosis Factor (TNF) Inhibitors Apresoline									
Etanercept	Enbrel	NA/PA	NA/40% up to \$150	NA/PA	NC/\$150 after ded*	NA/PA	NA/\$15-110	NA/PA-ST	NA/NC
Adalimumab	Humira	NA/PA	NA/40% up to \$150	NA/NC	NA/NC	NA/PA	NA/\$15-110	NA/PA	NA/\$40-120
Infliximab	Remicade	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Certolizumab Pegol	Cimzia	NA/NC	NA/NC	NA/NC	NA/NC	NA/PA	NA/\$25-150	NA/PA	NA/\$40-120
Golimumab	Simponi	NA/PA	NA/50% up to %150	NA/NC	NA/NC	NA/PA	NA/\$100-50/ 0-50%	NA/PA	NA/\$40-120
	Simponi Aria	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
OTHER									
Anakinra	Kineret	NA/NC	NA/NC	NA/NC	NA/NC	NA/PA	NA/\$25-110	NA/PA	NA/\$0-150
Abatacept	Orencia	NA/PA	NA/Medical	NA/NC	NA/NC	NA/PA	NA/0-50%	NA/PA-ST	NA/\$0 -150
Rituximab	Rituxan	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Tocilizumab	Actemra	NA/PA-ST	NA/50% up to \$150	NA/PA-ST	NA/\$150 after ded*	NA/PA	NA/\$15-110	NA/PA-ST	NA/\$0-150
Tofacitinib	Xeljanz	NA/PA	NA/40% up to \$150	NA/PA	NA/\$150 after ded*	NA/PA	NA/\$15-110	NA/PA-ST	NA/\$0-100

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up-to-date information.

KEY	
PA	Pre-Authorization
ST	Step Therapy
Ded.	Deductible
NC	Not Covered
NA	Not Available
NR	No Restriction

* The cost share for this drug could be a copayment or coinsurance depending on the plan. Coinsurance is 20% after deductible (\$150 max).

¹The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges between 0%-20 for Generic or 0%-50% for Brand name drugs.

² The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 30% - 50%.